U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E OLING DIGITAL		
1. File Number U - 46/8	2. Fiscal Year Covered From:	
	1/1/04 Through: 12/31/04	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name John A. Stackpole III	Name Construction + General Laborers	
· ·	Labor Organization File Number <u>世13</u> a し外が移967	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 2028 English St.	Street 346 Laspenheur Bre. West	
City Maple wood	City St. Paul	
State Minnesota ZIP Code + 4 55/09	State Minnesota ZIP Code + 4 5-5-113	
5. Position in labor organization.		
<ul> <li>Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization.</li> <li>Name and address of Employer (including trade name, if any).</li> </ul>	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any	7.b. Amount.	
Street    The street of the st	r.b. Amount.	
City	Exclusion and the semination of female and trade and trade are an exercised and trade and the contract of the	
State ZIP Code + 4	3 of the colonic plan and the conditional department of the colonic plan and the colonic plan	
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
	tion on penalties in the instructions.)	
Signed John A Konkash 10	on $\frac{7/12/05}{65/-348-4176}$	

Name of Person Filing	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name	en en .		
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust		
Street	c. Employer		
City			
State  St			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name			
Trade Name, if any:	Table Control	MICHAEL STATE	
P.O. Box, Bldg., Room No., if any		3333444444	
Street	11.b. Approximate dollar value of such dealing.	The Committee of the Co	
City	Nature of interest held or income received.	And with the second transfer of the second trade of the second transfer of the second trans	
State	The second of months received.	Substitute this alternative confidence such such such as to a substitute of the confidence of the conf	
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	12.b  Amount.	Enditing that is make all makes place managers and to make an original place of the particular states and the particular states are the particular states are the particular states and the particular states are the particular states and the particular states are the particular s	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	ekonominintenden der som av den av den er under er stanspreden er er er en de stanspredende er	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street		The Park And Address	
City			
State ZIP Code + 4	enditification and international contraction of the	and and the selection of the section	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	g alleinde alleinder vergebennetzet eine de verzetet ist verzeteten vor 194 in 1640 eine 1940 eine 20	